

# ENTRY BLANK—PLEASE TYPE OR PRINT #6

☐ Ms./Artist

☒ Mr./Artist

Theodore Morgan

(last name last)

Permanent  
Address

P.O. Box 574 Alfred N.Y.

Street

City

14802

Daytime Tel. (607) 871-2442

Zip

area

Temporary or  
Studio Address

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Cuyahoga

Collaborator (if any)

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

## Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Theodore L. Morgan

I have received the unsold/unaccepted object(s) in good condition.

Signature

Theodore L. Morgan

# ENTRY BLANKS

**A** ☒ Paintings ☐ Graphics ☐ Photography  
☐ Sculpture ☐ Crafts (specify category)

Materials used (media): *Casein on paper*

*Self portrait - Shift*

Title

Price or NFS <i>4500.00</i>	Insurance Value if NFS Only <i>4500.00</i>	Size <i>57" x 42"</i> height x width x depth
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED  <b>X</b> NOT ACCEPTED	DO NOT WRITE IN THIS SECTION  <i>122(1)</i>		ACCEPTED  <b>X</b> NOT ACCEPTED

**B** ☒ Paintings ☐ Graphics ☐ Photography  
☐ Sculpture ☐ Crafts (specify category)

Materials used (media): *Casein on paper*

*Self portrait - Melancholy*

Title

Price or NFS <i>4500.00</i>	Insurance Value if NFS Only <i>4500.00</i>	Size <i>57" x 42"</i> height x width x depth
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED  <b>X</b> NOT ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED  NOT ACCEPTED	RECEIVED <i>HB</i> DATE <i>3-200</i>

Detach entire portion along dotted line and submit with slides, but retain tags



1987 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Theodore Morgan  
Name

P.O. Box 574  
Address

Alfred New York 14802  
City & State Zip

## NOTIFICATION #2

**Do Not  
Detach****A**☒ Paintings  
☐ Sculpture☐ Graphics  
☐ Crafts☐ Photography

Title

*Self portrait - Shift*

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
122(1)	X	

**B**☒ Paintings  
☐ Sculpture☐ Graphics  
☐ Crafts☐ Photography

Title

*Self portrait - Melancholy*

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
		X

**Return of Objects****Not Accepted: April 14-18****Accepted: June 9-13**

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.